

INDIVIDUAL  
MEDICARE SUPPLEMENT COVERAGE  
Sold in New Jersey  
By

PENNSYLVANIA LIFE INSURANCE COMPANY

Telephone: 1-888-802-9497

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	* MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
A	FNS 88.68 FS 102.34 MNS 97.99 MS 113.00	Yes**	3 mos.		Yes	Yes	Yes					Yes		Yes				
B	FNS 115.07 FS 132.76 MNS 127.07 MS 146.63	Yes**	3 mos.	Yes	Yes	Yes	Yes					Yes		Yes				
C	FNS 135.66 FS 156.66 MNS 149.94 MS 172.91	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
D	FNS 125.93 FS 145.28 MNS 138.97 MS 160.39	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes		
F	FNS 139.90 FS 161.42 MNS 154.49 MS 178.29	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	100% Yes	Yes	Yes			

\* FNS = FEMALE NON-SMOKER      FS = FEMALE SMOKER      MNS = MALE NON-SMOKER      MS = MALE SMOKER  
NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

NOTE: ABOVE PREMIUMS DO NOT INCLUDE A ONE-TIME \$25 POLICY FEE.

\*\* SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.

\*\*\* PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY

(This information may also be found on our web site at [www.state.nj.us/health/senior/ship.shtml](http://www.state.nj.us/health/senior/ship.shtml))